

HOUSTON INDEPENDENT SCHOOL DISTRICT
Office of Special Education Services
Child Study Department

Request for Reevaluation: Information from General Education Teacher

Student: _____ Sex: _____ Age: _____ DOB: _____
 ID#: _____ School: _____ Class/Subject: _____ Grade: _____
 Referred by: _____ Position: _____

CURRENT CLASSROOM PERFORMANCE

1. ☐ Yes ☐ No Is the student's current progress satisfactory?
2. Area(s) of concern: ☐ Academic ☐ Behavior ☐ Medical ☐ Speech/Language ☐ Other
3. Explanation of concern(s): _____

4. Describe this student's behavior and work habits: (*indicate strengths and weaknesses*) _____

5. Describe this student's speech/language skills (*check all that apply*)
- | | | |
|---|---|---|
| <input type="checkbox"/> Mispronounces words | <input type="checkbox"/> Uses gestures to express self | <input type="checkbox"/> Speech Dysfluency (prolongations) |
| <input type="checkbox"/> Misarticulates sounds in words | <input type="checkbox"/> Gropes for words to express self | <input type="checkbox"/> Speech Dysfluency (blocks) |
| <input type="checkbox"/> Omits, adds, substitutes sounds or words | <input type="checkbox"/> Misses nonverbal social cues | <input type="checkbox"/> Hoarse or harsh voice quality |
| <input type="checkbox"/> Distorts, rearranges sounds or words | <input type="checkbox"/> Doesn't understand humor | <input type="checkbox"/> Speaks in louder than normal voice |
| <input type="checkbox"/> Difficulty imitating speech sounds | <input type="checkbox"/> Makes inappropriate comments | <input type="checkbox"/> Speaks in softer than normal voice |
| <input type="checkbox"/> Connected speech is unintelligible | <input type="checkbox"/> Speech Dysfluency (repetitions) | <input type="checkbox"/> Physician referral/vocal nodules |
| Other: _____ | | |
6. What influences this student's grades? (*Check all that apply*)
- | | | |
|--|---|--|
| <input type="checkbox"/> Homework performance | <input type="checkbox"/> Poor test performance | <input type="checkbox"/> Incomplete assignments |
| <input type="checkbox"/> Misuse of class time | <input type="checkbox"/> Lack of class participation | <input type="checkbox"/> Skipping class |
| <input type="checkbox"/> Lack of cooperation | <input type="checkbox"/> Inattentiveness | <input type="checkbox"/> Poor organizational skills |
| <input type="checkbox"/> Absenteeism/tardiness | <input type="checkbox"/> Does not accept responsibility | <input type="checkbox"/> Difficulty adapting to change |
| Other: _____ | | |

INTERVENTION/STRATEGIES ATTEMPTED (*Place letters corresponding to subject area*)

Subject A=Reading B=Mathematics C=English/Language Arts D=Science E=Social Studies F=History
 Areas: G=Ancillary/Electives H=All subjects I=Other:

Instructional Accommodations	Alterations of Assignments	Adaptation of Materials
<input type="checkbox"/> Tutorials	<input type="checkbox"/> Simplified homework assignments	<input type="checkbox"/> Peer to read materials
<input type="checkbox"/> Shortened, simplified instructions	<input type="checkbox"/> Reduced length of assignments	<input type="checkbox"/> Peer to take notes
<input type="checkbox"/> Repeat instructions	<input type="checkbox"/> Use of computer for written work	<input type="checkbox"/> Study aids/manipulatives
<input type="checkbox"/> Written instructions	<input type="checkbox"/> Extra time to complete assignments	<input type="checkbox"/> Highlighted materials
<input type="checkbox"/> Visual Aids	<input type="checkbox"/> Opportunity for oral responses	<input type="checkbox"/> Altered format of materials
<input type="checkbox"/> Auditory Aids	<input type="checkbox"/> Individual contracts	<input type="checkbox"/> Outlines and study guides
<input type="checkbox"/> Modified format of exams	<input type="checkbox"/> Emphasis on major points	<input type="checkbox"/> Assignment sheets/notebook
<input type="checkbox"/> Minimize distractions	<input type="checkbox"/> Exemption from reading aloud	
<input type="checkbox"/> Computer aided instruction	<input type="checkbox"/> Special projects	
<input type="checkbox"/> Small group instruction	<input type="checkbox"/> Retest	
<input type="checkbox"/> Cooperative Learning	<input type="checkbox"/> Special arrangements/late assignments	
<input type="checkbox"/> Prompting (in class discussions)		

Please attach the following: Language Rating Scale, Behavior Rating Scale, current grades, results of state and local assessments, progress monitoring documents, LPAC Committee Report (if applicable), any additional information you feel may be helpful in meeting this student's needs

OTHER INTERVENTIONS/STRATEGIES ATTEMPTED <i>(Check all that apply)</i>	
Motivational Management	Speech/Language Modifications
<input type="checkbox"/> Written Behavior Management Plan/Contracts	<input type="checkbox"/> Modified types of oral responses expected
<input type="checkbox"/> Clearly defined limits	<input type="checkbox"/> Modified length of oral responses expected
<input type="checkbox"/> Private discussions regarding behavior	<input type="checkbox"/> Increased wait time for oral responses
<input type="checkbox"/> Frequent eye contact	<input type="checkbox"/> Refined/retaught questionable vocabulary and concepts
<input type="checkbox"/> Preferential seating	
<input type="checkbox"/> Opportunity to help teacher	
<input type="checkbox"/> Ignoring minor infractions	
<input type="checkbox"/> Positive reinforcement	
<input type="checkbox"/> Emphasis on student's special talents	
<input type="checkbox"/> Secret signal between teacher and student	
<input type="checkbox"/> Structured learning environment	
<input type="checkbox"/> Frequent breaks	
Additional Comments: _____ _____ _____ _____ _____ _____	

Teacher's Signature: _____

Date: _____